

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/630,282

CLAIMS AS FILED - PART I

|                                  | (Column 1)   | (Column 2)               |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     |              |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | minus 20 = * |                          |
| INDEPENDENT CLAIMS               | minus 3 = *  |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

|   | (Column 1)                                | (Column 2) | (Column 3)                                  |
|---|---|------------|---|
| AMENDMENT A   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total   | *   | 8          | Minus      **      20      =                |
| Independent   | *   | 4          | Minus      ***      3      =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |            |   |

| SMALL ENTITY<br>TYPE | OTHER THAN<br>OR SMALL ENTITY |
|----------------------|-------------------------------|
| RATE                 | FEES                          |
| BASIC FEE            | 150.00                        |
| OR                   | BASIC FEE                     |
| X\$ 25=              | 300.00                        |
| OR                   | X\$50=                        |
| X100=                | X200=                         |
| OR                   | +360=                         |
| +180=                |                               |
| TOTAL                | OR TOTAL                      |

| SMALL ENTITY               | OTHER THAN<br>OR SMALL ENTITY |
|----------------------------|-------------------------------|
| RATE                       | ADDITIONAL<br>FEE             |
| X\$ 25=                    |                               |
| OR                         | X\$50=                        |
| X100=                      | X200=                         |
| OR                         | +360=                         |
| +180=                      |                               |
| TOTAL<br>ADDITIONAL<br>FEE | OR TOTAL<br>ADDITIONAL<br>FEE |

|   | (Column 1)                                | (Column 2) | (Column 3)                                  |
|---|---|------------|---|
| AMENDMENT B   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total   | *   | Minus      | ** =  |
| Independent   | *   | Minus      | *** =                                       |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |            |   |

| RATE                       | ADDITIONAL<br>FEE             | RATE   | ADDITIONAL<br>FEE |
|----------------------------|-------------------------------|--------|-------------------|
| X\$ 25=                    |                               | X\$50= |                   |
| OR                         |                               | X200=  |                   |
| X100=                      |                               |        |                   |
| OR                         |                               | +360=  |                   |
| +180=                      |                               |        |                   |
| TOTAL<br>ADDITIONAL<br>FEE | OR TOTAL<br>ADDITIONAL<br>FEE |        |                   |

|   | (Column 1)                                | (Column 2) | (Column 3)                                  |
|---|---|------------|---|
| AMENDMENT C   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total   | *   | Minus      | ** =  |
| Independent   | *   | Minus      | *** =                                       |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |            |   |

| RATE    | ADDITIONAL<br>FEE | RATE   | ADDITIONAL<br>FEE |
|---------|-------------------|--------|-------------------|
| X\$ 25= |                   | X\$50= |                   |
| OR      |                   | X200=  |                   |
| X100=   |                   |        |                   |
| OR      |                   | +360=  |                   |
| +180=   |                   |        |                   |